



## CLIENT ACKNOWLEDGEMENT OF CREDIT CARD AUTHORIZATION

Reminder calls are a courtesy and do not negate my responsibility for my sessions. I agree to provide the office a minimum of 24 hours' notice if I need to cancel/ reschedule my individual therapy session, otherwise I can be charged up to my normal rate for individual therapy for missed sessions. This office does its best to stay on schedule. As such, we do not overbook appointments. Scheduling an appointment fills a slot on a TBC for CBT therapists' schedule. Missing therapy appointments or arriving late not only disrupts the flow of the schedule, but also is not fair to other scheduled clients or to those who may need to be seen on an urgent basis. The individual therapy rate is subject to change (with notice) with the increasing experience of the assigned therapist. Additional fees may be charged for extra services, such as for letters or other documentation needed or requested. Additional fees may also be applied if crisis phone-coaching surpasses the standard 15-minute coaching call period. Your therapist will inform you of these possible extra fees at the time of request for the extra service.

I understand that for group therapy, clients commit to attend the group on a per-module basis, meaning I will be charged my regular group fee for each group session in each module I commit to, regardless of attendance. Any disputes about these charges are to be discussed with my provider.

I give my permission to keep the following credit card information on file for any unpaid balances and that I will receive electronic notification if my card is charged:

### PLEASE PRINT

Name of Client: \_\_\_\_\_

Name of Cardholder (as shown on card): \_\_\_\_\_

Complete Billing Address (+ Zip): \_\_\_\_\_

Email address of cardholder: \_\_\_\_\_ Phone #: \_\_\_\_\_

Debit: \_\_\_\_\_ Credit: \_\_\_\_\_ AMEX VISA MC Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Three/Four Digit CID Number: \_\_\_\_\_

\_\_\_\_\_ I understand my card will be billed in the event of the aforementioned, the equivalent of two weeks' worth (or more) of fees accumulated without payment.

\_\_\_\_\_ I would like to have my credit card charged for all sessions held.

\_\_\_\_\_ I understand if my account is turned over to a collection agency for non-payment, I will be responsible for the collection agency fee as well.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/TBC Staff

\_\_\_\_\_  
Date